FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



OMB APPROVAL

OMB Number:

3235-0076

Expires:

May 31, 2005

Estimated average burden hours per response...... 1

SEC USE	ONLY
Prefix	Serial
DATE REC	CEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock Financing	RECEIVED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Type of Filing: New Filing Amendment	Section 4(6) DANLOES 2004
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	(10)
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	× /
Mimosa Systems, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 2902 Stender Way, Santa Clara, CA 95008	Telephone Number (Including Area Code) (408) 970-9060
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Manufacturer of Application Data Protection Software	
Type of Business Organization	- TAPP
orporation limited partnership, already formed	r (please specify):
business trust limited partnership, to be formed other	r (please specify):
Month Year	JAN 07 2004
Actual or Estimated Date of Incorporation or Organization: 0 5 0 3	Actual Estimated THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for S CN for Canada; FN for other foreign jurisdiction)	tate:
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sign photocopies of the manually signed copy or bear typed or printed signatures.	ned. Any copies not manually signed must be
Information Required : A new filing must contain all information requested. Amendments need only report the information requested in Part C, and any material changes from the information previously supplied in Parts with the SEC.	
Filing Fee: There is no federal filing fee. State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of sthat have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administra made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the prop be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of the state of the constitutes are part of the state of the sta	ator in each state where sales are to be, or have been er amount shall accompany this form. This notice shall
ATTENTION	

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	•		 			A	. В	ASIC ID	ENTII	FICATION DATA				
2.	Ente	Each pro Each ber Each exe	omoter of the neficial own ecutive offi	ne issue ner hav cer and		has beer to vote o rporate i	or dispose, o ssuers and o	r direct th	e vote					securities of the issuer; nd
Ch	eck Bo	ox(es) tha	t Apply:		Promoter	\boxtimes	Beneficia	l Owner		Executive Officer		Director		General and/or Managing Partner
Fu	ll Nam	e (Last n	ame first,	f indiv	idual)									
Au	gust (Capital II	I, L.P											
Bu	isiness	or Reside	ence Addre	ess (Nu	mber and Str	eet, City	, State, Zip	Code)						
248	80 San	d Hill R	oad #101,	Menlo	Park, CA 9									
Ch	eck Bo	ox(es) tha	t Apply:		Promoter	⊠	Beneficia	l Owner		Executive Officer		Director		General and/or Managing Partner
Ful	II Nam	e (Last na	ame first,	f indiv	idual)									
Cle	earSto	ne Ventu	re Partne	ers										
				,	mber and Str			Code)						
		ox(es) tha			Promoter .		Beneficia	l Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
	ll Nam Souza		ame first,	if indiv	idual)									
Bu	siness	or Reside	ence Addr	ess (Nu	mber and Str	eet, City	, State, Zip	Code)						
c/o	Mim	osa Syste	ms, Inc.	2902 St	tender Way,	Santa C	Clara, CA 9	95054						
Ch	eck B	ox(es) tha	t Apply:		Promoter		Beneficia	l Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Fu	_ .11 Nam	ie (Last n	ame first,	if indiv	ridual)									
M	ahade	van, Vic												
Bu	isiness	or Reside	ence Addr	ess (Nu	imber and Str	eet, City	, State, Zip	Code)						
c/o	Dot F	du Vent	ures 514]	Bryant	Street, Suite	108 Pa	lo Alto, C	A 94301						
Ch	eck B	ox(es) tha	t Apply:		Promoter		Beneficia	l Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
		ie (Last n Sumant	ame first,	if indiv	ridual)									
				ess (Nu	mber and Str	eet, City	, State, Zip	Code)				-		
c/o	Clear	Stone V	enture Pa	rtners	2500 Sand I	Hill Roa	d, Suite 20	5, Menlo	Park	CA 94025				
Ch	ieck B	ox(es) tha	t Apply:		Promoter	\boxtimes	Beneficia	l Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
		ie (Last n t, Naval	ame first,	if indiv	ridual)				-					
			ence Addr	ess (Nu	mber and Str	eet, City	, State, Zir	Code)					-	······································
				,	Sand Hill Ro		•	,	94025					•
_		ox(es) tha			Promoter	\boxtimes	Beneficia			Executive Officer	\boxtimes	Director		General and/or Managing Partner
Fu	ll Nan	ie (Last n	ame first,	if indiv	ridual)								,	
	vi, T.	•								·				
Bu	isiness	or Reside	ence Addr	ess (Nu	mber and Str	eet, City	, State, Zip	Code)						
<u>c/o</u>	Mim	osa Syste	ms, Inc. 2	902 St	ender Way,	Santa C	lara, CA 9	5054						
					(Use bla	nk shee	t, or copy a	nd use ad	ditiona	al copies of this she	et. as n	ecessary)		

					В.	INFOR	MATION A	ABOUT OF	FERING			*	
1. F	las the is	ssuer sold,	or does the is	ssuer intend t	o sell, to no	n-accredited i	nvestors in t	his offering?			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No ⊠
-	Answer also in Appendix, Column 2, if filing under ULOE.										_		
2. V	What is t	the minimu	m investmen	t that will be	accepted fro	m any indivi	dual?		***************************************	• • • • • • • • • • • • • • • • • • • •		\$	<u>N/A</u>
3.	Does the	offering pe	ermit joint ov	vnership of a	single unit?	•••••						Yes ⊠	No
									ndirectly, an				
p th	erson or han five	agent of a (5) persons	broker or dea	ler registered	l with the SE	C and/or with	n a state or st	ates, list the r	f a person to be name of the booth orth the inform	roker or deal	er. If more		
	lealer on ame (La		st, if individu	ıal)									
Busine	ss or Re	esidence Ad	idress (Numb	per and Street	t, City, State	, Zip Code)				. .		···	
Nome	of Associ	ointed Prole	er or Dealer	TR-102.1		*****							
Name	OI ASSOC	Cialed Blok	er of Dealer								_		
				icited or Inte								П.,	u c
		States" or	check.indivi	duals States)		······································		·····		••••••••		∐ A	Il States
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[R	.i]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (La	ist name fir	st, if individu	ıal)									
Busine	ess or Re	esidence Ac	Idress (Numl	per and Street	t City State	Zin Code)							
			au (635 (1 1 u i i i	oci and bulee	i, City, Dian	, zip code)							
			ker or Dealer	ser and stree		, zip code)					- The second section is a second seco		
Name	of Assoc	ciated Brok	ker or Dealer	licited or Inte						****			
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Name States (Ch	of Associ	ciated Brok	ser or Dealer	licited or Inte	nds to Solic	it Purchasers		[DE]	[DC]	[FL]	[GA] ,	☐ A	Il States
Name States (Ch	of Associate Which eck "All	ciated Brok th Person L 1 States" or	ser or Dealer isted Has Sol check indivi	licited or Inte	nds to Solic	it Purchasers	••••••						
Name States (Ch	of Associate Which eck "All	ciated Brok th Person L 1 States" or [AK]	ser or Dealer isted Has Sol check indivi	licited or Inte duals States) [AR]	nds to Solic	it Purchasers	[CT]	[DE]	[DC]	[FL]	[GA] [,]	[HI]	[ID]
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security Debt	Offering Price	Sold \$ -0-
	Equity		\$ 6,275,808.22
	☐ Common ☐ Preferred	Ψ0,500,000.00	Ψ <u>0,273,000.22</u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$6,500,000.00	\$ 6,275,808.22
	Answer also in Appendix, Column 3, if filing under ULOE.	•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchase
	Accredited investors	6	\$ 6,275,808.22
	Non-accredited Investors	-0-	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
1 .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$45,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	$\overline{\Box}$	\$
	Total	$\overline{\Box}$	\$

total expenses in proceeds to the proceeds to the indicate below the purposes shaleft of the estimatorth in responsion of the purchase of responsion of the indicate purchase, rentance in exchange in	ses furnished in response to Pethe issuer."	on of machinery and equipment s and facilities ng the value of securities involv ties of another issuer pursuant t	ed or proposed to be us an estimate and check sted gross proceeds to	gross ded for each of the box to the the issuer set Payments to Officers, Directo Affiliates S	Payments To Others
the purposes shelft of the estim forth in response Salaries and fer Purchase of read Purchase, rental Construction of Acquisition of used in exchan Repayment of Working capital Other (specify) Column Totals	s shown. If the amount for any stimate. The total of the payn ponse to Part C - Question 4.b d fees	y purpose is not known, furnish nents listed must equal the adjust above. On of machinery and equipment and facilities	an estimate and check sted gross proceeds to sted gross proceeds to the sted gross proceed gross proceeds to the sted gross proceed gross proceeds to the sted gross proceed gross proceeds to the sted gross proceed gross proceeds to the sted gross proceeds to the s	the box to the the issuer set Payments to Officers, Directo Affiliates S	Payments To Others
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used in exchan Repayment of Working capits Other (specify) Column Totals Total Pay	t of indebtednessapital	ties of another issuer pursuant t	o a merger)	s s	
Repayment of Working capits Other (specify) Column Totals Total Pay	t of indebtednessapital			S	
Other (specify) Column Totals Total Pay	cify):				🗀 ১
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The insurer has duly as	Payments Listed (column total	als added)		🖂 \$_	6,455,000.00
T- issuer has duly as		D. FEDE	ERAL SIGNATURE		
indertaking by the iss		d by the undersigned duly authori urities and Exchange Commissio of Rule 502.			
ssuer (Print or Ty	• • /	Signature		Date	
Mimosa Systems Name of Signer (Pr		Title of Signer (Print		January 5, 2004	
Name of Signer (Pr T.M. Ravi	(Print or Type)	President and CEO	or Type)		